कोचीन शिपयार्ड लिमिटेड/**COCHIN SHIPYARD LIMITED**

कोच्ची/**KOCHI – 15**

Annexure I

प्रवेश चयन/ **WALK-IN SELECTION**

APPLICATION FOR THE POST OF NURSING ASSISTANT CUM FIRST AIDER
ON CONTRACT BASIS

To
General Manager (HR & Training)
Cochin Shipyard Limited
Kochi – 682 015

| Affix recent |
| passport size |
| photograph |

Your advt Ref No. 2023CSL/P&A/RECTT/CONTRACT/Nursing Assistant/2023/3 dated 08 Jan 2024 on CSL website.

I hereby apply for the post of Nursing Assistant Cum First Aider on contract basis in your Company furnishing the following details:

1	Full Name (as in Aadhaar)	
2	Father's Name	
3	Date of Birth & Age	
4	Aadhaar No	
5	Marital status	
6	Nationality	
7	Mention if Ex-servicemen	
8	Period of Service	
9	Present Address (Postal)	

10	#Contact Details	E-mail address: Mobile No : Landline/Alternate Mobile No:		
11	Whether belonging to SC/ST/OBC/EWS *			
12	Disability (if any), Category and percentage of Benchmark Disability (VH/HH/OH/Others)*			
13	Languages known	To read	To write	To speak

Applicants should ensure that they enter valid e-mail ID and Contact Numbers (Mobile, Landline/Alternate Mobile Number) as all correspondence from CSL will be through that e-mail ID/Contact Number only.

*Copy of certificate to be attached.

14. Educational Qualification: (See Vacancy Notification)

Examination	Main Subjects	Name of College/ Institution	Year of passing	*Marks obtained/ Class & Rank	Medals/ Distn/ Awards of Merit

*Please attach photocopies of mark sheets.

15. <u>Experience:</u>

   a) Give a Brief Description of Major Assignments handled.

   b) # Provide experience details starting from the present position and indicating previous employment in descending chronological orders. Please use separate sheet if required. Application will be rejected in case of incomplete information and without supportive documents.

Sl No	Post held and Organization	Period			Nature of duties	Scale of pay	Last basic pay drawn in the post	Reason for change
		From (dd/mm/yy)	To (dd/mm/yy)	Total (yr& months)				

#copy of all experience certificates to be attached

16	Computer Literacy (Courses completed)		
17	Special Qualification/ Training##		
18	Do you have any relatives working in CSL or any of its units/ Subsidiaries?	Yes/ No	If yes, details of relatives
19	Do you have any relatives retired from CSL or any of its units/ Subsidiaries?	Yes/ No	If yes, details of relatives

copy of certifcates to be attached

I declare that the particulars furnished above are true and correct to the best of my knowledge and belief.

    Place:

    Date:

                                        Signature

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